

FACSIMILE (303) 740-6962

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PAGE 1/15 * RCVD AT 10/19/2004 12:21:54 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-2/0 * DNIS:7467238 * CSID:303 740 6962 * DURATION (mm-ss):04-16

FEE TRANSMITTAL for FY 2004

Effective 10/01/2004. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) 0.00

Complete If Known

Application Number	09/783,845
Filing Date	February 14, 2001
First Named Inventor	Rupesh Kapoor
Examiner Name	Hartell, Robert B.
Art Unit	2152
Attorney Docket No.	294TP001C2

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account

Deposit Account Number: 02-2666

Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

The Commissioner is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Credit any overpayments

☒ Charge any additional fee(s) or underpayment of fees as required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	790	2001	395	Utility filing fee	
1002	350	2002	175	Design filing fee	
1003	550	2003	275	Plant filing fee	
1004	790	2004	395	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)					(\$)

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
20	22*	0	\$0.00
3	5*	0	\$0.00

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	18	2202	9	Claims in excess of 20
1201	85	2201	44	Independent claims in excess of 3
1203	300	2203	150	Multiple Dependent claim, if not paid
1204	85	2204	44	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) 0.00

*or number previously paid, if greater. For Reissues, see below

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
2053	130	2053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	430	2252	215	Extension for reply within second month	
1253	960	2253	490	Extension for reply within third month	
1254	1,530	2254	765	Extension for reply within fourth month	
1255	2,080	2255	1,040	Extension for reply within fifth month	
1404	340	2401	170	Notice of Appeal	
1402	340	2402	170	Filing a brief in support of an appeal	
1403	300	2403	150	Request for oral hearing	
1451	1,510	2451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,370	2453	685	Petition to revive - unintentional	
1501	1,370	2501	685	Utility issue fee (or reissue)	
1502	490	2502	245	Design issue fee	
1503	660	2503	330	Plant issue fee	
1460	130	2480	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1808	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	790	1809	395	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	790	2801	395	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Ashley R. Ott	Registration No. (Attorney/Agent)	55,515	Telephone	(303) 740-1980
Signature	<i>Ashley Ott</i>	Date	10/19/04		

 Based on PTO/SB/17 (10-03) as modified by Blakely, Sokoloff, Taylor & Zafman (w/r) 02/10/2004.
 SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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SUBTOTAL (1)					(\$)

2. EXTRA CLAIM FEES

Total Claims	20	- 22*	=	0	x	18.00	=	\$0.00
Independent Claims	3	- 5*	=	0	x	88.00	=	\$0.00
Multiple Dependent								

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* Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type) Ashley R. Ott

Registration No. (Attorney/Agent)

55,515

Telephone

(303) 740-1980

Signature

Ashley R. Ott

Date

10/19/04

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